



Grantees interested in participating in training workshops and follow-up onsite help may contact Audrey Smolkin (asmolkin@hrsa.gov) for referrals and further information.

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ESTIMATES OF THE UNINSURED POPULATION

OVERVIEW OF PRESENTATION

- Overview of the State Health Access Data Assistance Center (SHADAC)
- Available Data on the Uninsured
 - Federal Surveys
 - Privately-Funded Surveys
 - State-Sponsored Surveys
 - Federal and State Administrative Data

SHADAC PROJECT GOALS

- Assist states to be better informed consumers of existing data on the uninsured
- Translate national data and information to policy relevant information on access at the state level
- Coordinate state data collection activities
- Research on analytical, data, and information needs related to health care access

OVERVIEW OF SHADAC ACTIVITIES

- Research and Technical Assistance
 - Survey design, measurement of health insurance coverage
 - Policy and impact analysis
- Resource Center
 - Survey data library
 - Technical assistance
- Education and Training
- Policy Analysis and Development

DISADVANTAGES OF ADMINISTRATIVE DATA

- Technical Assistance with States
 - Survey design
 - Vendor selection
 - Sample size and sampling frame
- Best Practices for Surveys on the Uninsured
 - How best to ask health insurance questions
- Focus Group Protocols
 - Employers
 - Uninsured

WHY FOCUS ON STATES?

- States Unique Role in Coverage Initiatives
 - Medicaid, SCHIP, High Risk Pools, etc...
- Data Are Driving Policy Decisions
 - Mostly National CPS, but this is changing
- Technical Needs at State Level Are Increasing
 - State policy makers asking more technical and detailed questions about the uninsured

KEY POINTS

- There are a lot of state and national data on the uninsured
 - But limited data is available for communities/counties
- Many states (30+) have their own surveys and a few do sub-state estimates
 - Using state-level data and county population characteristics is one way to estimate community rates
 - Difficult to estimate numbers and even more difficult to estimate change

WHY AREN'T THERE COMMUNITY-LEVEL ESTIMATES OF THE UNINSURED?

- Extremely expensive to get sample size needed for good estimates
 - Some states starting to do this
- Barely enough sample for national surveys to do good state-level estimates (i.e., CPS)
- Development of synthetic estimates are a possible new approach

FEDERAL SURVEYS: UNINSURED

- Surveys with State Estimates
 - Behavioral Risk Factor Surveillance System (BRFSS)
 - Current Population Survey (CPS)
 - Medical Expenditure Panel Survey - Insurance Component (MEPS-IC) Employer Survey
 - State and Local Area Integrated Telephone Survey (SLAITS)
- Surveys without State Estimates
 - Survey of Income and Program Participation (SIPP)

- Medical Expenditure Panel Survey - Household Component (MEPS-HC)
- “Do-Your-Own” State Estimate
 - National Health Insurance Survey (NHIS)

Behavioral Risk Factor Surveillance System (BRFSS)

- CDC-sponsored national survey on health status and risk behaviors
- Advantages
 - Does have health insurance coverage module
 - Flexibility for state-specific survey modules
 - State administration of national survey
 - Access to person-level data
- Disadvantages
 - With a few exceptions, only non-elderly adults included in sample (18-65)

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS)

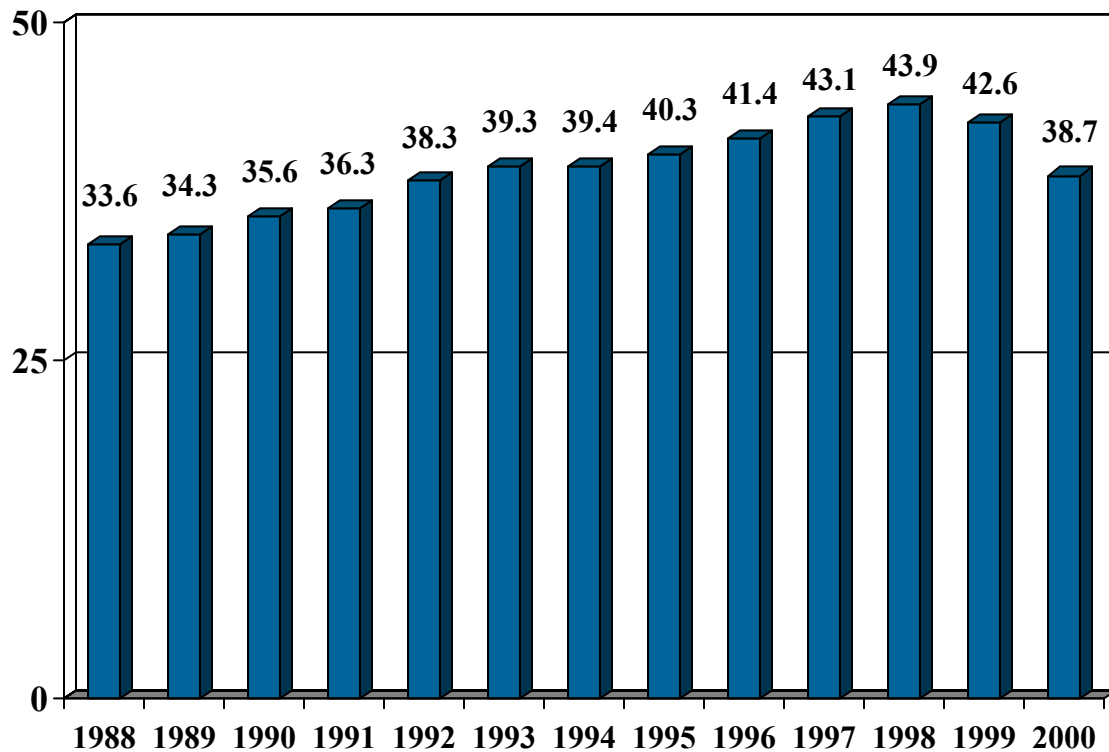
States that Used the BRFSS Health Insurance Module (1998, 1999, and/or 2000)	States that Added Their Own Health Coverage Questions to BRFSS (1998, 1999, and/or 2000)	
Arizona Idaho Indiana Nebraska Rhode Island Virginia Washington	Alabama Alaska California Florida Hawaii Idaho Illinois Kansas Louisiana Massachusetts Michigan Minnesota Missouri Nevada	New Hampshire New Mexico Oklahoma Oregon South Dakota Tennessee Texas Vermont Virginia Washington West Virginia Wisconsin Wyoming

CURRENT POPULATION SURVEY (CPS)

- Census-sponsored national survey on labor statistics
 - March Supplement most commonly used data source on the uninsured
- Advantages
 - Provides annual comparable state-level estimates
 - Only source of comparative data for all 50 states
- Disadvantages
 - Sample size insufficient for sub-group analyses

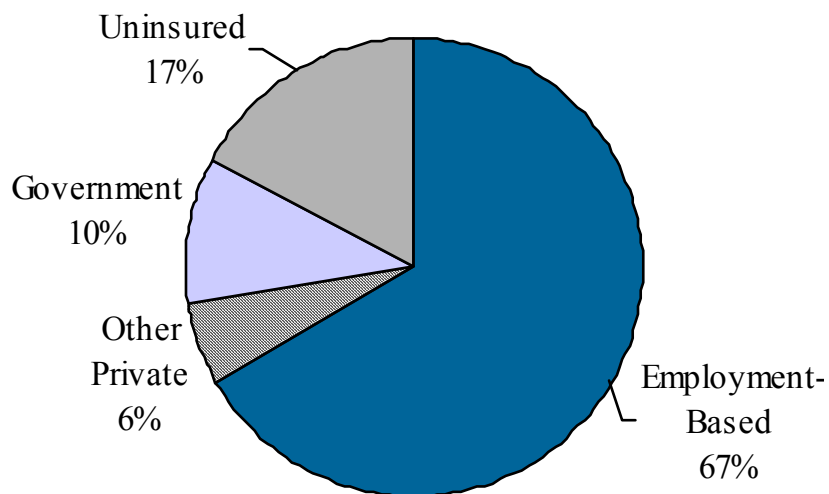
TRENDS IN UNINSURANCE

Millions of Non-elderly Uninsured



Data: Current Population Surveys (March) 1988-2000

NON-ELDERLY HEALTH INSURANCE COVERAGE 2000



Data: Current Population Surveys (March) 2000

RECENT CHANGES IN CPS

- Verification Question
 - Change in national uninsured rates from 43 to 39 million
 - Important to keep up-to-date on changes
 - Not a decrease in uninsured, change is due to survey improvement
- Sample Size Expansion
 - Response to SCHIP legislation
 - Will have another impact on estimates

MEDICAL EXPENDITURE PANEL SURVEY INSURANCE COMPONENT (MEPS-IC)

- AHRQ-sponsored survey of employers
- Advantages
 - Good source of state-level data on employer offerings and take-up rates for health insurance coverage
- Disadvantages
 - Access to micro-data is costly and cumbersome due to RDC process
 - Release of data is not timely

STATE AND LOCAL AREA INTEGRATED TELEPHONE SURVEY (SLAITS)

- New data collection tool developed by NCHS to provide in-depth state and local area data (estimated release Fall 2002)
- Advantages
 - Customized questionnaires provide flexibility to address state-specific needs
 - Use National Immunization Survey sampling frame of nearly one million households
- Disadvantages
 - Sample size insufficient for sub-group analyses
 - Concerns over question-wording prior to 2000
 - Not sure of data release and dissemination plan

MAJOR PRIVATE SURVEYS

- Community Tracking Study (CTS)
 - 60 Communities (See Table 2 in “A State Perspective on National Survey Data on the Uninsured”)
- National Survey of American Families (NSAF)
 - 13 States 1997 (2001 Follow Up)
- RWJF Household and Employer Surveys
 - 10 States in 1993, some follow up in 1997

COMMUNITY TRACKING STUDY (CTS)

- Sponsored by the Center for Studying Health System Change
 - Conducted in 60 communities
 - 12 high intensity sites
 - 48 low intensity sites

- Collect information on the impact of changes in the health care system on insurance coverage, access to care, use of services, health care costs and perceptions of the quality of health care
- Advantages
 - Provides detailed information for 12 communities
 - Timely release of data
 - Public-use data are available for analysis
- Disadvantages
 - Does not link community to state-level data or estimates

NATIONAL SURVEY OF AMERICA'S FAMILIES (NSAF)

- Conducted by the Urban Institute
 - Nationally representative survey of the well-being of adults and children
- Advantages
 - Over-sampling of low-income households
 - Comprehensive information on health care insurance and access in 13 states
 - Provides national estimate as benchmark
- Disadvantages
 - State-level information available for only 13 states
 - Concern over continuation of follow-up surveys

SAMPLE OF STATE SURVEYS

- California Health Interview Survey (CHIS) 2000
- Connecticut Family Health Care Access Survey
- Florida Health Insurance Survey 1999
- Hawaii Health Surveillance Survey conducted annually since 1985
- Massachusetts Status of Health Insurance Survey 1998 and 2000
- Minnesota Health Access Survey 1990, 1995, 1999
- Nebraska Annual Social Indicators Survey (NASIS) conducted annually since 1990
- New Mexico Health Policy Commission Survey 1999
- Ohio Family Health Survey 1998
- Oregon Population Survey 1990, 1992, 1994, 1996, 1998, 2000
- Southeastern Pennsylvania Household Health Survey 1983, conducted biennially since 1987
- Utah Health Status Survey 1986, 1991, 1996
- Vermont Household Health Insurance Survey 1997, 2001
- West Virginia Social Indicators Survey annually since 1993
- Wisconsin Family Health Survey (FHS) monthly survey since 1989

OTHER RESOURCES

- American FactFinder - Census
 - Compilation of data from the decennial censuses, the American Community Survey, the economic census, and other Census Bureau products
 - Get county level information on
 - Demographics - age, race, ethnicity, education, language spoken at home, income
 - Housing – owner-occupied/renter-occupied housing units
 - Employers – industries, number of firms, number of employees
 - <http://factfinder.census.gov/servlet/BasicFactsServlet>

HRSA STATE PLANNING GRANTS

- 11 States awarded in Fall 2000
- 9 States awarded in Spring 2001
- Total amount awarded: \$23.8 Million
- Average Award: \$1,194,948
- Purpose: To provide one-year grants to States to develop plans for providing access to affordable health insurance coverage to all their citizens

HRSA FUNDED SURVEY ACTIVITIES - STATE PLANNING GRANTS

HOUSEHOLD		EMPLOYER	
Survey	Focus Groups	Survey	Focus Groups
Arkansas*	Arizona	Arkansas	Arkansas
California	Arkansas	Connecticut	Colorado
Colorado*	California	Colorado	Delaware
Connecticut	Illinois	Delaware	Idaho
Idaho	Iowa	Idaho	Illinois
Illinois*	Minnesota	Iowa	Iowa
Iowa*	New Hampshire	Massachusetts	Kansas
Kansas*	Oregon	Minnesota	Texas
Massachusetts	Vermont	New Hampshire	Vermont
Minnesota	Washington	South Dakota	Wisconsin
New Hampshire		Texas	
Oregon		Utah	
South Dakota*		Wisconsin	
Texas*			
Utah			
Vermont			
Washington			
Wisconsin			

HRSA STATE PLANNING GRANTS

- New Round 3 of Grants
 - Potential to increase state sample to get better community-level estimates
 - State applications are due April 4, 2002
 - Great source of state data and information
 - <http://www.hrsa.gov/osp/stateplanning/2002applicationinfo.htm>

LOTS OF DATA/LOTS OF ISSUES

- Different surveys use different methods and produce different estimates
 - Sample Size
 - Wording of questions
 - Point in time vs. continually uninsured
- Duplication of effort and resources
- Access to data and information

ROLE OF NATIONAL SURVEYS

- State benchmarks
- Annual data (CPS)
- Trends over time
- Cross-state comparisons
- Macro-level analyses
- Guide national policy initiatives

ROLE OF STATE SURVEYS

- Policy development
 - Simulation of policy options
- Program design and development
 - Marketing and outreach, premium levels, willingness-to-pay
- Details on sub-populations of interest
 - Geographic areas (urban, rural)
 - By race and ethnicity
 - By county, region

SUB-STATE ESTIMATES

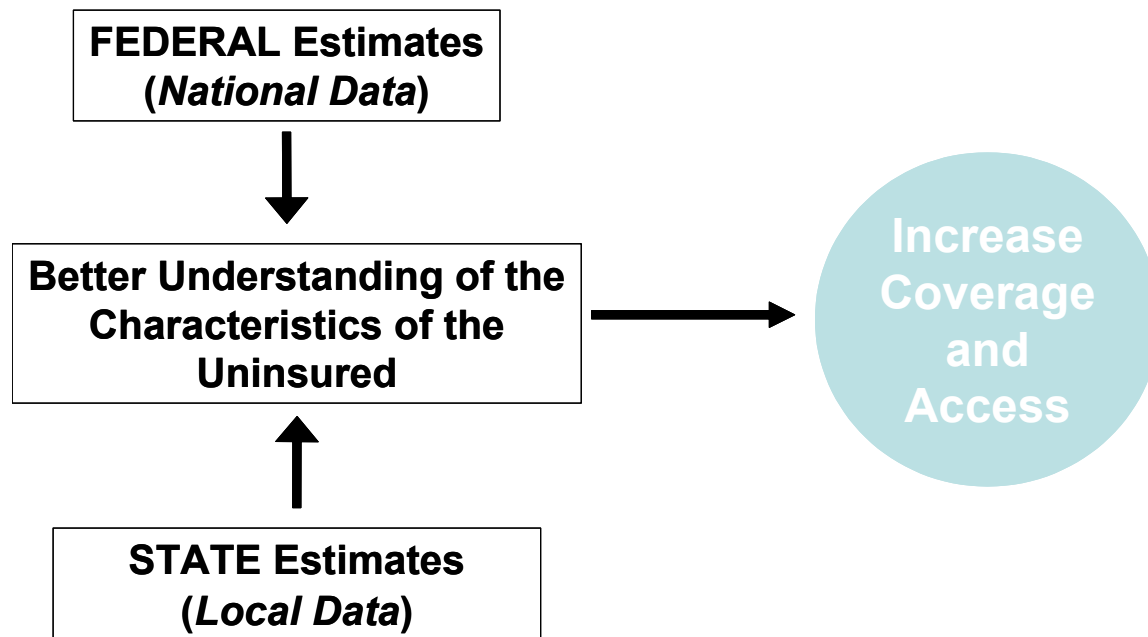
- Some states are using state surveys to do county / regional estimates
 - (e.g., CA, FL, MN, OH, WI, MA)
 - Increase sample by region/county
 - Developing synthetic estimates
 - Check with your state survey contact
- New and Growing Interest in Sub-State Estimates
 - Without enough sample for a direct estimate using survey data how can you get coverage estimates?

- Use available population data to estimate health insurance coverage for regions/counties/communities
- Community-Level Surveys
 - Will be difficult to compare to other estimates
 - Good approach if you have the resources
 - May only be valuable if you can do follow-up in future years

ON A POSITIVE NOTE

- There is a lot of information on the number and characteristics of the uninsured
- Use available state-level data to gain an understanding of drivers in your state
- Use administrative/enrollment and program data to assess the impact of your program
- **LET US KNOW HOW WE CAN HELP**

THE VISION



RESOURCES ON WWW.SHADAC.ORG

- Slide presentation
- Paper: "A State Perspective on National Survey Data on the Uninsured"
- Table of available survey resources on the uninsured by state
- List of useful websites for survey data on the uninsured

UPCOMING SHADAC EVENTS

- Census Workshop in Washington, D.C.
 - Learn the impact of recent changes to the CPS on estimates of coverage
 - Meet with federal survey experts
 - March 18, 2002
- Summer Institute in Minneapolis, MN
 - Learn benefits and problems associated with different federal data sources
 - Get hands-on experience using federal data
 - Meet with federal survey experts
 - July 22-23, 2002

SHADAC CONTACT INFORMATION

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